

		FOR BHF USE			

LL2

Supportive Living Facility

**2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000129</u></p> <p>Facility Name: <u>HERITAGE WOODS OF BELVIDERE</u></p> <p>Address: <u>4730 SQUAW PRAIRIE</u> <u>BELVIDERE</u> <u>61008</u> <small>Number City Zip Code</small></p> <p>County: <u>BOONE</u></p> <p>Telephone Number: (<u>815</u>) <u>544-9495</u> Fax # <u>815 544-9525</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>4/25/2011</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Danel Erickson</u> Telephone Number: <u>(815) 935-1992</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input checked="" type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust	_____		<input type="checkbox"/> Other	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Greg Echols</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, Gardant Management Solutions</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (_____)</td> <td>Fax # (_____)</td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Greg Echols</u>			(Title) <u>CFO, Gardant Management Solutions</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) (_____)	Fax # (_____)
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) (_____)	Fax # (_____)																																												

Facility Name HERITAGE WOODS OF BELVIDERE

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	120	Single Unit Apartment	120	43,800	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	120	TOTALS	120	43,800	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	31,737	9,902		41,639	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	31,737	9,902	0	41,639	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.07%

D. Indicate the number of paid bed-hold days the SLF had during this year
 704 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 112 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.
 (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 2020 Fiscal Year: 2020

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle? No
 If no, explain. _____

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? _____
 If no, explain. _____

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? _____
 If no, explain. _____

Facility Name: HERITAGE WOODS OF BELVIDERE

Report Period Beginning:

01/01/2020

Ending: 12/31/2020

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	298,761	235,799	2,571	537,131	0	537,131	1
2	Housekeeping, Laundry and Maintenance	171,306	36,860	108,958	317,124	0	317,124	2
3	Heat and Other Utilities			138,319	138,319	(34,879)	103,440	3
4	Other (specify):	72,513	0	101,692	174,205	0	174,205	4
5	TOTAL General Services	542,580	272,659	351,540	1,166,779	(34,879)	1,131,900	5
B. Health Care and Programs								
6	Health Care/ Personal Care	713,972	25,748	0	739,720	0	739,720	6
7	Activities and Social Services	20,228	4,651	0	24,879	0	24,879	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	734,200	30,399	0	764,599	0	764,599	9
C. General Administration								
10	Administrative and Clerical	222,835	45,059	396,089	663,983	(27,078)	636,905	10
11	Marketing Materials, Promotions and Advertising	53,304	11,383	35,728	100,415	0	100,415	11
12	Employee Benefits and Payroll Taxes	0	0	343,667	343,667	0	343,667	12
13	Insurance-Property, Liability and Malpractice	0	0	74,273	74,273	0	74,273	13
14	Other (specify):	0	0	135,006	135,006	(55,762)	79,244	14
15	TOTAL General Administration	276,139	56,442	984,763	1,317,344	(82,840)	1,234,504	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,552,919	359,500	1,336,303	3,248,722	(117,719)	3,131,003	16
Capital Expenses								
D. Ownership								
17	Depreciation			642,949	642,949	0	642,949	17
18	Interest			440,945	440,945	(25,991)	414,954	18
19	Real Estate Taxes			94,234	94,234	0	94,234	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			12,163	12,163	0	12,163	21
22	Other (specify):	0	0	69,031	69,031	0	69,031	22
23	TOTAL Ownership	0	0	1,259,322	1,259,322	(25,991)	1,233,331	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,552,919	359,500	2,595,625	4,508,044	(143,710)	4,364,334	24

Facility Name: HERITAGE WOODS OF BELVIDERE

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 12	1
2	Licensed Practical Nurses	2	26.89	2
3	Certified Nurse Assistants	17	14.37	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	11	11.74	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	4	11.67	10
11	Laundry	0	0.00	11
12	Managers	6	22.18	12
13	Other Administrative	4	26.65	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	16
17	Total (lines 1 thru 16)	45	\$	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$ 0	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Gardant Management Solutions	\$ 307,083	1
2			2
Total		\$ 307,083	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
_____		_____	
_____		_____	
_____		_____	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: _____

If yes, what is the value of those services? \$ _____

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: HERITAGE WOODS OF BELVIDERE

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 99 Year land was acquired 2011

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	120			2011	\$ 16,617,308	\$ 604,266	28	\$ 604,266	\$ (0)	\$ 5,868,563	1
2									0		2
3									0		3
4									0		4
5									0		5
Improvement Type											
6	Leasehold Improvements				553,830	36,922	15	36,922	0	350,849	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 17,171,138	\$ 641,188		\$ 641,188	\$ 0	\$ 6,219,412	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 1,056,764	\$ 1,761	\$ 211,353	209,592	5	\$ 876,032	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 1,056,764	\$ 1,761	\$ 211,353	209,592		\$ 876,032	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: **HERITAGE WOODS OF BELVIDERE**

Report Period Beginning: **01/01/2020**

Ending: **12/31/2020**

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		0		\$ 0			7

8. Is movable equipment rental included in building rental? YES NO

YES NO

9. Rental amount for movable equipment \$ _____

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2	3	4	6	7	8	9			
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	ORIX Real Estate Capital LL		X	FIRST MORTGAGE	9/1/15	\$ 10,875,000	\$ 10,132,496	9/1/51	0.0425	\$ 433,799	1
2											2
3											3
	Working Capital										
4	Midland State Bank			SBA Payroll Protection Program	4/20/20	316,442	0	4/20/22	0.0100	1,757	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,191,442	\$ 10,132,496			\$ 435,556	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,191,442	\$ 10,132,496			\$ 435,556	10

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: HERITAGE WOODS OF BELVIDERE

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,842,548	\$	1
2	Cash-Patient Deposits	1,586		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (118,082))	0 484,437		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	113,871		6
7	Other Prepaid Expenses	20,785		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,463,227	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	99		13
14	Buildings, at Historical Cost	16,617,308		14
15	Leasehold Improvements, at Historical Cost	553,830		15
16	Equipment, at Historical Cost	1,056,764		16
17	Accumulated Depreciation (book methods)	(7,095,444)		17
18	Deferred Charges	337		18
19	Organization & Pre-Operating Costs	273,524		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (122,433)		20
21	Restricted Funds	2,150,352		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,434,337	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,897,563	\$ 0	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 92,657	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	62,649		30
31	Accrued Taxes Payable	101,856		31
32	Accrued Interest Payable	35,933		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	383,884		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 676,979	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	15,810,124		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 15,810,124	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 16,487,103	\$ 0	45
46	TOTAL EQUITY	\$ 410,460	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,897,563	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BELVIDERE

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 5,300,201	1
2	Discounts and Allowances	(740)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,299,461	3
B. Other Operating Revenue			
4	Special Services	199,540	4
5	Other Health Care Services	0	5
6	Special Grants	761,436	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	5,136	8
9	Non-Resident Meals	1,543	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 967,655	11
C. Non-Operating Revenue			
12	Contributions	0	12
13	Interest and Other Investment Income	25,991	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 25,991	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	3,112	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,112	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 6,296,219	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,166,779	19
20	Health Care/ Personal Care	764,599	20
21	General Administration	1,317,344	21
B. Capital Expense			
22	Ownership	1,259,322	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 4,508,044	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,788,175	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,788,175	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,418,554	32
33	Private Pay - Net Inpatient Revenue	2,880,907	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,299,461	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
9900-9001-0-0	Extraordinary COVID Labor	72,513	
9900-9001-0-2	Extraordinary COVID - Labor	-	
	PG3-4.1	72,513	
A. General Services		D. Ownership	
Other (specify):		Amt	
5200-5000-0-0	Operating Allocation	145,026	
5200-5124-0-0	Exterminating	7,920	
5200-5127-0-0	Rubbish Removal	12,191	
5200-5130-0-0	Vehicle Expense	1,960	
5200-5131-0-0	Transportation Service	-	
5300-5140-0-0	Security & Monitoring	11,100	
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	64,657	
9900-9003-0-0	Extraordinary COVID - Other	3,864	
	PG3-4.3	101,692	
C. General Administration		D. Ownership	
Other (specify):		Amt	
5160-5060-0-0	Consulting	16,737	
5160-5063-0-0	Legal	18,933	
5160-5064-0-0	Accounting	270	
5160-5066-0-0	Audit	12,824	
5160-5067-0-0	Contract Labor-Serv Prov	-	
5160-5068-0-0	Contract Labor	30,480	
5180-5079-0-0	Bad Debt - Resident	260,558	
5180-5079-1-0	Bad Debt - Resident - Recovery	-	
5180-5080-0-0	Bad Debt - Resident Prior Period	-	
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	(5,928)	
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	
5180-5083-0-0	Bad Debt - Medicaid MCO	39,883	
5190-5000-0-0	Other Admin Allocation	-	
	PG3-14.3	135,006	
			69,031

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable	34,879	
	PG3-3.5	34,879	
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure	5,136	
3300-3304-0-0	Internet Access	1,815	
3300-3321-0-0	Telephone- Connection	11,970	
3300-3323-0-0	Telephone- Usage	657	
5190-5090-0-0	Contributions	7,500	
	PG3-10.5	27,078	
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident	21,808	
5180-5079-1-0	Bad Debt - Resident - Recovery	-	
5180-5080-0-0	Bad Debt - Resident Prior Period	-	
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	(5,928)	
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	
5180-5083-0-0	Bad Debt - Medicaid & MCO	39,883	
	PG3-14.5	55,762	
D. Ownership			
Interest			
3300-3380-0-0	Interest Income	23,867	
3300-3385-0-0	Interest Income - Reserves	2,124	
	PG3-18.5	25,991	
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill	-	
9200-9209-0-0	Remarketing and Trustee Fee	-	
	PG3-22.5	-	

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		-

Other Long Term Assets Detail		Amt
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		-

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	67,119
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0140-0-0	Accrued Vacation	-
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	2,004
2112-0155-0-0	Reservation Deposit	-
2112-0156-0-0	Buy Down Credit	-
2112-0157-0-0	Unapplied Last Month Rent	-
2112-0158-0-0	Deferred Gain on Sale	-
2112-0159-0-0	Unearned Revenue	91,054
2112-0159-1-0	Medicaid Prepayments	223,707
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		383,884

Income Statement PG 8 Other

Income Statement

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,906
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,206
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-

PG8-15.1

3,112